

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARMONY OF SHEBOYGAN WEST (0008711)

Address: 3319 SUPERIOR AVE, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095236 **End Date:** 06/29/2005 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094034 **End Date:** 01/27/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007072 Served 02/07/2005

Deficiencies Cited
83.33(2)(g)1

Subject Area
HEALTH MONITORING-COMMUNICABLE DISEASE

Compliance
Verified
06/29/2005

Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 06/02/2005

Date Investigation Completed: 07/07/2005

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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